

CARLOS APPLEMAN SCHOLARSHIP
APPLICATION FORM
Due April 15, 2013

This scholarship is available to Wayne County residents who have earned their high school diploma or GED and are enrolled in the Wayne County Schools Career Center (WCSCC) or participating in any WCSCC joint program, acquiring the skills to become an LPN, RN, or Nurse Practitioner. Preference towards applicants who demonstrate financial need. Previous recipients may reapply.

Please print or type

Name of Student _____

Address _____

City/State/Zip Code _____

Telephone _____ Email Address _____

High School _____

Are you a resident of Wayne County, Ohio? _____ Yes _____ No

Are you enrolling in or currently enrolled in a Wayne County Schools Career Center Adult nursing program?
_____ Yes _____ No

If yes, what is your scheduled completion date for this program? ____/____/____
day month year

Which nursing program are you enrolling or enrolled in? _____

FINANCIAL INFORMATION

If student is dependent upon parents for support, please fill out the information for the parents.

1. Names of Parents/Guardians _____
2. Father's employer and position _____
3. Mother's employer and position _____
4. Adjusted gross annual **family** income: IRS Form 1040 (line 37) _____; IRS Form 1040A (line 21) _____; IRS Form 1040EZ (line 4) _____
5. Number and ages of other dependent children _____
6. Number of other family members currently attending college _____
7. Estimated market value of parents' assets (including cash, investments, savings/checking accounts, money market accounts, real estate) _____
8. Student's employer and position _____ Hours per Week _____
9. Student's adjusted gross annual income, if married include spouse: IRS Form 1040 (line 37) _____; IRS Form 1040A (line 21) _____; IRS Form 1040EZ (line 4) _____
10. Estimated market value of student's assets (cash, investments, trusts, UGMA/UTMA accounts, savings/checking accounts, money market accounts, real estate), include spouse if married _____

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11. Number of family members and ages dependent upon student _____
12. Number of student's dependents currently attending college _____
13. Are there any special circumstances, other than family income, that should be considered in evaluating your application (family debts, loss of income, illness, etc.)? If so, please explain _____

14. Have you been notified, or do you anticipate notification, of any scholarships or financial aid awards for the coming academic year? Please list and include the amount. _____

ALSO INCLUDE:

- An essay (not to exceed one typewritten page) explaining the qualities you possess and experiences gained to achieve your career goals and how your financial situation has hindered your attainment of your goals.
- A listing of activities that demonstrate service to others.
- An official transcript of your grades from high school, college or nursing program, if applicable.

SIGNATURES:

We hereby certify that all information in this application is accurate.

Signature of Student

Signature of Parent/Guardian
(if student less than age 21)

Send **four copies** of all application documents (one copy of transcripts) to:

Wayne County Community Foundation
Carlos Appleman Scholarship
517 N. Market Street
Wooster, OH 44691
(330) 262-3877

The complete application packet must be received by April 15, 2013.

Note: If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued in July, prior to the new school year. No checks will be awarded directly to any individuals. No awards shall be made to students with less than two grade "terms" (quarters, semesters, etc.) left before graduating from the program.